

Para el año correspondiente del 1 de enero al 31 de diciembre
de 2024, o cualquier otro año tributario comenzando el

de 2024 y
terminando el de 20

Vea las instrucciones.

Su primer nombre e inicial de su segundo nombre

DIEUROME

Apellido

PANIAGUE

Su número de Seguro Social

095 85 5302

Si es una declaración conjunta, primer nombre e inicial del
segundo nombre de su cónyuge

Apellido

Número de Seguro Social de
su cónyuge

Dirección postal (número y calle). Si tiene apartado postal, vea las instrucciones.

360 E CATHERINE ST

Núm. de apt.

1

Campaña Electoral Presidencial

Marque aquí si usted, o su
cónyuge si es una declaración
conjunta, desea aportar \$3 a este
fondo. El marcar un recuadro a
continuación no afectará su
impuesto ni su reembolso.

Ciudad, pueblo u oficina de correos. Si es una dirección extranjera, también complete los
espacios a continuación.

CHAMBERSBURG

Estado

PA

Código postal (ZIP)

17201

Nombre del país extranjero

Provincia/estado/condado extranjero

Código postal extranjero

☐ Usted ☐ Cónyuge

Estado Civil

Marque sólo
un recuadro.

☒ Soltero

☐ Casado que presenta una declaración conjunta (aun si sólo uno tuvo ingresos)

☐ Casado que presenta una declaración por separado (MFS)

☐ Cabeza de familia (HOH)

☐ Cónyuge sobreviviente que reúne los requisitos (QSS)

Si marcó el recuadro MFS, anote el nombre de su cónyuge. Si marcó el recuadro HOH o QSS, anote el nombre del hijo si la persona
calificada es un hijo pero no su dependiente:

☐ Si elige tratar a un cónyuge que es extranjero no residente o extranjero con doble residencia como residente de los EE. UU. por
todo el año, marque el recuadro y anote el nombre de éste (vea las inst. y adjunte una declaración escrita si es requerido):

**Activos
Digitales**

En algún momento durante 2024, ¿(a) recibió (como recompensa, premio o pago por bienes o servicios) o (b) vendió,
intercambió o de otra manera enajenó un activo digital (o un interés financiero en un activo digital)? (Vea las instrucciones) ☐ Sí ☒ No

**Deducción
Estándar**

Alguien puede reclamar a: ☐ Usted como dependiente ☐ Su cónyuge como dependiente

☐ Cónyuge detalla las deducciones en una declaración separada o usted era extranjero con doble residencia

Edad/Ceguera

Usted: ☐ Nació antes del 2 de enero de 1960 ☐ Es ciego

Cónyuge: ☐ Nació antes del 2 de enero de 1960 ☐ Es ciego

Dependientes

(vea las instrucciones):

Si son más
de cuatro
dependientes,
vea las
instrucciones
y marque
aquí ☐

| (1) Primer nombre | Apellido | (2) Número de Seguro Social | (3) Parentesco con usted | (4) Marque el recuadro si califica para el (vea las instrucciones): | |
|-------------------|----------|--------------------------------|-----------------------------|--|-----------------------------------|
| | | | | Crédito tributario por hijos | Crédito por otros dependientes |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Ingreso

Adjunte el (los)
Formulario(s)
W-2 aquí.
Adjunte también
los Formularios
W-2G y 1099-R
si se le retuvo
impuesto.

Si no recibió un
Formulario W-2,
vea las
instrucciones.

| | | | |
|-----------|---|-----------|-------|
| 1a | Cantidad total de la casilla 1 de su(s) Formulario(s) W-2 (vea las instrucciones) | 1a | 6029 |
| b | Salarios de empleado doméstico no declarados en el (los) Formulario(s) W-2 | 1b | 0 |
| c | Ingreso de propinas no declarado en la línea 1a (vea las instrucciones) | 1c | 0 |
| d | Pagos de exención de Medicaid no declarados en el (los) Formulario(s) W-2 (vea las instrucciones) | 1d | 0 |
| e | Beneficios para el cuidado de dependientes tributables de la línea 26 del Formulario 2441 | 1e | 0 |
| f | Beneficios para la adopción provistos por el empleador de la línea 29 del Formulario 8839 | 1f | 0 |
| g | Salarios de la línea 6 del Formulario 8919 | 1g | 0 |
| h | Otros ingresos del trabajo (vea las instrucciones) | 1h | 0 |
| i | Elección de paga no imponible por combate (vea las instrucciones) | 1i | |
| z | Sume las líneas 1a a 1h | 1z | 6029 |
| 2a | Interés exento de impuesto | 2a | 0 |
| 3a | Dividendos calificados | 3a | 0 |
| 4a | Distribuciones de un IRA | 4a | |
| 5a | Pensiones y anualidades | 5a | |
| 6a | Beneficios del Seguro Social | 6a | 0 |
| c | Si elige usar el método de elección de suma global, marque aquí (vea las instrucciones) | | |
| 7 | Ganancia o (pérdida) de capital. Adjunte el Anexo D si es requerido. Si no es requerido, marque aquí <input type="checkbox"/> | 7 | 0 |
| 8 | Ingreso adicional de la línea 10 del Anexo 1 | 8 | 0 |
| 9 | Sume las líneas 1z, 2b, 3b, 4b, 5b, 6b, 7 y 8. Éste es su ingreso total | 9 | 6029 |
| 10 | Ajustes al ingreso de la línea 26 del Anexo 1 | 10 | 0 |
| 11 | Reste la línea 10 de la línea 9. Éste es su ingreso bruto ajustado | 11 | 6029 |
| 12 | Deducción estándar o deducciones detalladas (del Anexo A) | 12 | 14600 |
| 13 | Deducción por ingreso calificado de negocio del Formulario 8995 o del Formulario 8995-A | 13 | 0 |
| 14 | Sume las líneas 12 y 13 | 14 | 14600 |
| 15 | Reste la línea 14 de la línea 11. Si es cero o menos, anote "-0-". Éste es su ingreso imponible | 15 | 0 |

Adjunte el
Anexo B si
es requerido.

**Deducción
Estándar para—**

- Soltero o Casado que presenta una declaración por separado, \$14,600
- Casado que presenta una declaración conjunta o Cónyuge sobreviviente que reúne los requisitos, \$29,200
- Cabeza de familia, \$21,900
- Si usted marcó algún recuadro bajo **Deducción Estándar**, vea las instrucciones.

Impuesto y Créditos

| | | | |
|-----------|--|-----------|---|
| 16 | Impuesto (vea las inst.). Marque si es del Formulario(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> | 16 | 0 |
| 17 | Cantidad de la línea 3 del Anexo 2 | 17 | 0 |
| 18 | Sume las líneas 16 y 17 | 18 | 0 |
| 19 | Crédito tributario por hijos o crédito por otros dependientes del Anexo 8812 | 19 | 0 |
| 20 | Cantidad de la línea 8 del Anexo 3 | 20 | 0 |
| 21 | Sume las líneas 19 y 20 | 21 | 0 |
| 22 | Reste la línea 21 de la línea 18 . Si es cero o menos, anote “-0-” | 22 | 0 |
| 23 | Otros impuestos, incluyendo el impuesto sobre el trabajo por cuenta propia (línea 21 del Anexo 2) | 23 | 0 |
| 24 | Sume las líneas 22 y 23 . Éste es su impuesto total | 24 | 0 |

Pagos

| | | | | |
|-----------|---|------------|-----|--|
| 25 | Impuesto federal sobre el ingreso retenido de su(s): | | | |
| a | Formulario(s) W-2 | 25a | 115 | |
| b | Formulario(s) 1099 | 25b | 0 | |
| c | Otros formularios (vea las instrucciones) | 25c | 0 | |
| d | Sume las líneas 25a a 25c | 25d | 115 | |
| 26 | Pagos de impuesto estimado para 2024 y cantidad aplicada de su declaración de 2023 | 26 | 0 | |
| 27 | Crédito por ingreso del trabajo (EIC) | 27 | 461 | |
| 28 | Crédito tributario adicional por hijos del Anexo 8812 | 28 | 0 | |
| 29 | Crédito de oportunidad para los estadounidenses de la línea 8 del Formulario 8863 | 29 | 0 | |
| 30 | Reservada para uso futuro | 30 | | |
| 31 | Cantidad de la línea 15 del Anexo 3 | 31 | 0 | |
| 32 | Sume las líneas 27 , 28 , 29 y 31 . Éste es el total de sus otros pagos y créditos reembolsables | 32 | 461 | |
| 33 | Sume las líneas 25d , 26 y 32 . Éste es el total de sus pagos | 33 | 576 | |

Reembolso

¿Depósito directo?
Vea las instrucciones.

| | | | | | | | | | | | | | |
|------------|--|------------|-----|---|---|---|---|---|---|---|---|---|---|
| 34 | Si la línea 33 es mayor que la línea 24 , reste la línea 24 de la línea 33 . Ésta es la cantidad pagada en exceso | 34 | 576 | | | | | | | | | | |
| 35a | Cantidad de la línea 34 que quiere que le reembolsen a usted . Si adjunta el Formulario 8888, marque aquí <input type="checkbox"/> | 35a | 576 | | | | | | | | | | |
| b | Núm. de circulación | 0 | 6 | 3 | 1 | 0 | 0 | 2 | 7 | 7 | c Tipo: <input checked="" type="checkbox"/> Corriente <input type="checkbox"/> Ahorros | | |
| d | Número de cuenta | 8 | 9 | 8 | 1 | 5 | 4 | 2 | 0 | 1 | 5 | 7 | 2 |
| 36 | Cantidad de la línea 34 que usted quiere que se le aplique a su impuesto estimado de 2025 | 36 | 0 | | | | | | | | | | |

Cantidad que Usted Adeuda

| | | | | |
|-----------|---|-----------|---|--|
| 37 | Reste la línea 33 de la línea 24 . Ésta es la cantidad que usted adeuda . Para detalles acerca de cómo pagar, acceda a www.irs.gov/Pagos o vea las instrucciones | 37 | 0 | |
| 38 | Multa por pago insuficiente del impuesto estimado (vea las instrucciones) | 38 | 0 | |

Tercero Autorizado

¿Desea permitir que otra persona hable sobre esta declaración con el IRS? Vea las instrucciones ☐ **Si**. Complete lo siguiente. ☒ **No**

| | | |
|------------------------|--------------------|---|
| Nombre de esta persona | Número de teléfono | Número de identificación personal (PIN) |
| | | |

Firme Aquí

¿Declaración conjunta?
Vea las instrucciones. Conserve una copia para sus archivos.

Bajo pena de perjurio, declaro que he examinado esta declaración, incluyendo todo anexo o comprobante que la acompañe, y que, a mi leal saber y entender, es verídica, correcta y completa. La declaración del preparador (que no sea el contribuyente) está basada en toda información de la cual el preparador tenga conocimiento.

| | | | |
|--|--------------------|-----------------------|--|
| Su firma | Fecha | Su ocupación | Si el IRS le envió un PIN para la Protección de Identidad (IP PIN), anótelos aquí (vea las inst.) |
| | | ORDER PICKING | |
| Firma del cónyuge. Si es una declaración conjunta, ambos tienen que firmar. | Fecha | Ocupación del cónyuge | Si el IRS le envió a su cónyuge un PIN para la Protección de Identidad (IP PIN), anótelos aquí (vea las inst.) |
| | | | |
| Número de teléfono | Correo electrónico | | |

Para Uso Exclusivo del Preparador Remunerado

| | | | | |
|-------------------------|----------------------|-------|------|---|
| Nombre del preparador | Firma del preparador | Fecha | PTIN | Marque aquí si trabaja <input type="checkbox"/> por cuenta propia |
| Nombre de la empresa | Núm. de tel. | | | |
| Dirección de la empresa | EIN de la empresa | | | |

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name DIEUROME PANIAGUE

Taxpayer address (optional)

360 E CATHERINE ST 1

CHAMBERSBURG PA 17201

1. ☒ Your federal income tax return for 2024 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by _____.
2. ☐ Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____.
3. ☐ Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. ☐ Your electronic funds withdrawal payment request was accepted for processing.
5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☐ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.



Before you begin: ✓ Be sure you are using the correct worksheet. Use this worksheet only if you answered “No” to Step 5, question 2. Otherwise, use Worksheet B.

Part 1**All Filers Using Worksheet A**

1. Enter your earned income from Step 5.

| | |
|---|------|
| 1 | 6029 |
|---|------|

2. Look up the amount on line 1 above in the EIC Table (right after Worksheet B) to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN as defined earlier. Enter the credit here.

| | |
|---|-----|
| 2 | 461 |
|---|-----|

If line 2 is zero, You can't take the credit.
Enter “No” on the dotted line next to Form 1040 or 1040-SR, line 27.

3. Enter the amount from Form 1040 or 1040-SR, line 11.

| | |
|---|------|
| 3 | 6029 |
|---|------|

4. Are the amounts on lines 3 and 1 the same?

☒ **Yes.** Skip line 5; enter the amount from line 2 on line 6.

☐ **No.** Go to line 5.

Part 2**Filers Who Answered “No” on Line 4**

5. If you have:

- No qualifying children who have a valid SSN, is the amount on line 3 less than \$10,330 (\$17,250 if married filing jointly)?
- 1 or more qualifying children who have a valid SSN, is the amount on line 3 less than \$22,720 (\$29,640 if married filing jointly)?

☐ **Yes.** Leave line 5 blank; enter the amount from line 2 on line 6.

☐ **No.** Look up the amount on line 3 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN. Enter the credit here.
Look at the amounts on lines 5 and 2.
Then, enter the **smaller** amount on line 6.

| | |
|---|--|
| 5 | |
|---|--|

Part 3**Your Earned Income Credit**

6. This is your earned income credit.

| | |
|---|-----|
| 6 | 461 |
|---|-----|

Enter this amount on Form 1040 or 1040-SR, line 27.

Reminder—

✓ If you have a qualifying child, complete and attach Schedule EIC.



If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, *earlier*, to find out if you must file Form 8862 to take the credit for 2024.

Step 5 Earned Income

1. Enter the amount from Form 1040 or 1040-SR,
line 1z 1. 6029
2. Enter the Medicaid waiver payment amounts
excluded from income on Schedule 1 (Form 1040),
line 8s, unless you choose to include these amounts
in earned income, in which case enter -0-. See the
instructions for Schedule 1, line 8s. 2. 0



If you and your spouse both received Medicaid waiver payments during the year, you and your spouse can make different choices about including the full amount of your payments in earned income. Enter only the amount of Medicaid waiver payments that you or your spouse, if filing a joint return, do not want to include in earned income. To include all nontaxable Medicaid waiver payment amounts in earned income, enter -0-.

3. Subtract line 2 from line 1 3. 6029
4. Enter all of your nontaxable combat pay if you elect
to include it in earned income. Also enter the amount
of your nontaxable combat pay on line 1i of Form
1040 or 1040-SR. See *Combat pay*,
nontaxable, later 4. 0



Electing to include nontaxable combat pay may increase or decrease your EIC. Figure the credit with and without your nontaxable combat pay before making the election.

5. Add lines 3 and 4.
This is your earned income 5. 6029

PA-40 - 2024
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (08-24)

095855302

PANIAGUE

DIEUROME

Occupation ORDER PICK

Occupation

APT 1

360 E CATHERINE ST

CHAMBERSBURG

PA 17201

US

28130

N Extension. N Amended Return.
R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to
S Single, Married/Filing Jointly,
Married/Filing Separately, Final Return
N Deceased
N Taxpayer Date of Death
N Spouse Date of Death
N Farmers.
School District Name CHAMBERSBURG A

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
- 1b Unreimbursed Employee Business Expenses.
- 1c Net Compensation. Subtract Line 1b from Line 1a.
- 2 Interest Income. Complete PA Schedule A if required.
- 3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
- 4 Net Income or Loss from the Operation of a Business, Profession, or Farm.
- 5 Net Gain or Loss from the Sale, Exchange, or Disposition of Property.
- 6 Net Income or Loss from Rents, Royalties, Patents, or Copyrights.
- 7 Estate or Trust Income. Complete and submit PA Schedule J.
- 8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
- 9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7, and 8. DO NOT ADD any losses reported on Lines 4, 5, or 6.
- 10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
- 11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

| | |
|----|------|
| 1a | 3105 |
| 1b | 0 |
| 1c | 3105 |
| 2 | 0 |
| 3 | 0 |
| 4 | 0 |
| 5 | 0 |
| 6 | 0 |
| 7 | 0 |
| 8 | 0 |
| 9 | 3105 |
| 10 | 0 |
| 11 | 3105 |



PA-40 - 2024

Social Security Number

095855302

Name(s) PANIAGUE DIEUROME

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2023 PA Income Tax return.

15 2024 Estimated Installment Payments. REV-459B included.

16 2024 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16, and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Section II, Line 2, PA Schedule SP

20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22, and 23.

25 USE TAX. Due on internet, mail order, or out-of-state purchases. See instructions.

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code:

If including form REV-1630/REV-1630A, mark the box.

28 TOTAL PAYMENT DUE. See the instructions.

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25, and Line 27, enter the difference here.

The total of Lines 30 through 36 must equal Line 29.

30 Refund – Amount of Line 29 you want as a check mailed to you.

31 Credit – Amount of Line 29 you want as a credit to your 2025 estimated account.

32 Refund donation line. Enter the organization code and donation amount. See instructions.

33 Refund donation line. Enter the organization code and donation amount. See instructions.

34 Refund donation line. Enter the organization code and donation amount. See instructions.

35 Refund donation line. Enter the organization code and donation amount. See instructions.

36 Refund donation line. Enter the organization code and donation amount. See instructions.

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature

Spouse's Signature, if filing jointly

Preparer's Name and Telephone Number

Date

03-19-2025

E-File Opt Out

Firm FEIN

Preparer's PTIN



PA SCHEDULE SP - 2024
Special Tax Forgiveness
PA-40 SP (08-24)
PA Department of Revenue

2409513922

DIEUROME PANIAGUE

095855302

Eligibility Questions

1. Are you a dependent on another taxpayer's (parent, guardian, step-parent, etc.) federal tax return? **N**
2. If you answered "Yes" above, does the taxpayer on whose return you are a dependent qualify for tax forgiveness?

IMPORTANT: If you answered "No" to Question 1, please proceed with completing Schedule SP.

If you answered "Yes" to Question 1, you must also have answered "Yes" to Question 2
to be eligible for tax forgiveness and complete Line 1b. or Line 3c. from Section I below.

SECTION I – FILING STATUS FOR TAX FORGIVENESS

1. **X** Unmarried - use **Column A** to calculate your **Eligibility Income**. Enter "01" for Unmarried on Line 19a of the PA-40. Enter a Y in the space that describes your situation:
- a. **X** Single. Unmarried/divorced on Dec. 31, 2024
- b. Single and claimed as a dependent on another person's PA Schedule SP. Enter the other person's:
2. Separated – use **Column A** to calculate your **Eligibility Income**. Enter a "Y" in this space only if (a) you are separated pursuant to a written agreement or (b) you were married, but separated and lived apart for the last six months of the year. Enter a "01" in the space for Unmarried on Line 19a of the PA-40.
3. Married - Enter "02" for Married on Line 19a of your PA-40. Enter your spouse's name and SSN above. Enter a "Y" in the space that describes your situation:
- a. Married and claiming Tax Forgiveness together with my spouse. Use **Column A** to calculate **Eligibility Income**.
- b. Married and filing separate PA tax returns.
- Certification.** Enter a "Y" in this space certifying that you and your spouse are submitting the same information on each PA Schedule SP.
Use **Columns B and C** to calculate your **Eligibility Income**.
- c. Married with a spouse who is a dependent on another person's PA Schedule SP or federal income tax return. Use **Columns B and C** to calculate **Eligibility Income**. Enter the other person's:
- d. Separated and lived apart from my spouse but for less than the last six months of the year. Use **Columns B and C** to calculate **Eligibility Income**.
Enter your spouse's name and SSN above.
4. Deceased - use **Column A** to calculate your **Eligibility Income**.
Enter "03" for Deceased on Line 19a of the PA-40. You must annualize the decedent's income (see the instructions) and briefly describe your method:

SECTION II – DEPENDENT CHILDREN

Provide all the information for each dependent child. If more than nine dependent children, submit additional schedules as needed.

| 1. | DEPENDENT'S NAME | AGE | RELATIONSHIP | SSN |
|----|------------------|-----|--------------|-----|
|----|------------------|-----|--------------|-----|

2. Number of dependent children. Enter on Line 19b of your PA-40.

0

Important: Only claim the child or children that you claimed as your dependent(s) on your 2024 Federal Income Tax return.



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PA SCHEDULE SP - 2024
Special Tax Forgiveness
PA-40 SP (08-24)
PA Department of Revenue

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DIEUROME PANIAGUE

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SECTION III – ELIGIBILITY INCOME

Married taxpayers filing jointly use **Column A** and **Eligibility Income Table 2**.

Single filers, qualifying separated filers, and if filing for a decedent use

Column A and **Eligibility Income Table 1**.

Married taxpayers filing separately, and taxpayers separated but not for the last six months of the year use

Columns B and C, and **Eligibility Income Table 2**.

| Column A Unmarried or Married Filing Jointly | | The Eligibility Income Tables are on page 39 of the PA-40 booklet. | | Column B Taxpayer | Column C Spouse |
|--|------|---|-----|----------------------|--------------------|
| 1. | 3105 | PA taxable income from Line 9 of your PA-40 | 1. | | |
| 2. | 0 | Nontaxable interest, dividends and gains, and/or annualized income | 2. | | |
| 3. | 0 | Alimony | 3. | | |
| 4. | 0 | Insurance proceeds and inheritances | 4. | | |
| 5. | 0 | Gifts, awards, and prizes | 5. | | |
| 6. | 0 | Non-PA income - part-year residents and nonresidents | 6. | | |
| 7. | 0 | Nontaxable military income – Do not include combat pay | 7. | | |
| 8. | 0 | Gain excluded from the sale of a residence | 8. | | |
| 9. | 0 | Nontaxable educational assistance | 9. | | |
| 10. | 0 | Foster care and cash received for personal purposes | 10. | | |
| 11. | 3105 | ←Total Eligibility Income for Column A | | | |

Total Eligibility Income for Columns B and C – add Lines 1 through 10 for each spouse and enter the total → 11.

SECTION IV – CALCULATING YOUR TAX FORGIVENESS CREDIT

| | | | |
|-----|------|---|-----|
| 12. | 95 | PA Tax Liability from your PA-40, Line 12 (if amended return, see instructions) | 12. |
| 13. | 0 | Less Resident Credit from your PA-40, Line 22 | 13. |
| 14. | 95 | Net PA Tax Liability. Subtract Line 13 from Line 12 | 14. |
| 15. | 1.00 | Percentage of Tax Forgiveness entered as a decimal from the Eligibility Income Table using your dependents from Section II and your Total Eligibility Income from Line 11 | 15. |
| 16. | 95 | Tax Forgiveness Credit. Multiply Line 14 by the decimal on Line 15. | 16. |



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PA-8453 (EX) 03-24 (I)

PENNSYLVANIA INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING

2024

| | | | |
|--|--|---|-------------------|
| For the year Jan. 1 – Dec. 31, 2024 | | Declaration Control Number/Submission ID | |
| Primary Taxpayer's Social Security Number 095855302 | | Secondary Taxpayer's Social Security Number | |
| Last Name PANIAGUE | Primary Taxpayer's Name, Initial; Secondary Taxpayer's First Name, Initial; Secondary Taxpayer's Last Name (only if different) DIEUROME | | |
| Home Address (Number and Street including Rural Route or P.O. Box) 360 E CATHERINE ST APT 1 | | | |
| City CHAMBERSBURG | | State PA | ZIP Code 17201 |
| | | Daytime Telephone Number 239 374-7633 | |

The above information must match that on the electronic return exactly.

Mark Proper Filing Status ☒ S Single ☐ M Married, Filing Separately ☐ J Married, Filing Jointly ☐ D Deceased ☐ F Final Return

| | |
|---|---------|
| SECTION I TAX RETURN INFORMATION (whole dollars only) | |
| 1. Adjusted PA taxable income (Form PA-40, Line 11) | 1. 3105 |
| 2. PA tax liability (Form PA-40, Line 12) | 2. 95 |
| 3. Total PA tax withheld (Form PA-40, Line 13) | 3. 95 |
| 4. Amount to be refunded (Form PA-40, Line 30) | 4. 95 |
| 5. Total payment (tax due) (Form PA-40, Line 28) | 5. 0 |

| | | | | |
|---|--|---|--|---------------|
| SECTION II DIRECT DEPOSIT OF REFUND OR ELECTRONIC FUNDS WITHDRAWAL OF TAX DUE (optional - see instructions) | | | | |
| STAPLE COPY OF STATE W-2(s), W-2G and 1099(s) HERE | 6. Routing transit number (RTN) 063100277 | 7. Depositor account number (DAN) 898154201572 | 8. Type of account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | 9. Debit date |
| | NOTE: The first two numbers of the RTN must be 01 through 12 or 21 through 32. | | | |

| | |
|--|--|
| SECTION III DECLARATION OF TAXPAYERS (sign only after Section I is complete) | |
| 10. <input checked="" type="checkbox"/> a. I consent for my refund to be directly deposited as designated in Section II and declare all information shown on Lines 6 through 8 is correct. I certify the ultimate destination of the funds is within the U.S. or one of its territories. If I have filed a joint return, this is an irrevocable appointment of the other Taxpayer as an agent to receive the refund. | |
| <input type="checkbox"/> b. I am not receiving a refund or I do not want direct deposit of my refund. | |
| <input type="checkbox"/> c. I authorize the Pennsylvania Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment. I certify the funds for this withdraw are originating from an account within the U.S. or one of its territories. I may revoke this authorization by notifying the Pennsylvania Department of Revenue no later than two business days prior to the payment (settlement) date. I understand notification must be made in writing by email to ra-achrevok@pa.gov . | |

If I have filed a balance-due return, I understand that if the PA Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax and all applicable interest and penalties. If I have filed a joint federal and state tax return and there is an error on my state return, I understand my federal return will be rejected. I declare under penalties of perjury that I have compared the information on my return with the information I provided to my electronic return originator and the amounts match those on my 2024 PA Tax Return (PA-40). To the best of my knowledge, my return is true and complete. I authorize my electronic return originator to send my return and accompanying schedules and statements to the Internal Revenue Service (IRS) and the IRS to subsequently send them to the PA Department of Revenue. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. If I am filing from a home computer, I understand that I am required to keep this form and supporting documents for three years.

| | | | | |
|--------------|------------------|--------------------|--------------------|------|
| SIGN HERE | Primary Taxpayer | Date 03-19-2025 | Secondary Taxpayer | Date |
| | | | | |

| | | | | | |
|--|---|------|---|--|-----------------|
| SECTION IV DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER (see instructions) | | | | | |
| I declare that I have received the above-named taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I obtained the taxpayer's signature on this form before submitting this return to the PA Department of Revenue. I provided the taxpayer with a copy of all forms and information to be filed with the IRS and the PA Department of Revenue and followed all other requirements specified by the PA Department of Revenue and described in the IRS Publication 1345, Handbook for Electronic Filers of Individual Tax Returns (Tax Year 2024). If I am the preparer, under penalty of perjury, I declare that I examined the above-named taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. I understand that I am required to keep this form and supporting documents for three years. | | | | | |
| ERO'S USE ONLY | ERO's Signature | Date | <input type="checkbox"/> Mark if also paid preparer | <input type="checkbox"/> Mark if self-employed | EIN/SSN or PTIN |
| | Firm's Name (or yours if self-employed) | | | | |
| | Address | City | State | ZIP Code | Phone Number |
| PAID PREPARER'S USE ONLY | Preparer's Signature | Date | <input type="checkbox"/> Mark if self-employed | EIN/SSN or PTIN | |
| | Firm's Name (or yours if self-employed) | | | | |
| | Address | City | State | ZIP Code | Phone Number |

Electronic Return Originators (EROs) and paid preparers must retain this form and supporting documents for three years.
DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.